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ABSTRACT

The increase in the number of infants and toddlers experiencing nonparental care creates an urgent need for the insights of theorists, clinicians, and researchers. These insights can help caretakers promote the mental health of infants and toddlers. Although caregivers usually provide sufficient support of babies' cognitive development, they may not attend to children's emotional and social functioning. Several theories help clarify the characteristics of infant and toddler emotional development. Erik Erikson identifies infant dialectical problems of acquiring basic trust, a secure sense of autonomy, and the ability to exercise choice. Margaret Mahler describes stages in infant emotional growth and development in relation to modes of maternal care. Attachment theory and ethological theory also offer explanations of infant development. Mary Ainsworth's Strange Situation technique has become the major measure by which infant attachment is determined, and attachment research provides subtle tools for detecting emotional distress by attending to an infants' body cues, such as compulsive rocking or inconsolable crying. Caregivers can make changes in the environment and routines to alleviate infant distress. In addition to logistical and environmental policies that support infant mental health, caregiver behaviors, such as massaging an infant or singing softly, can enhance personal interactions. Parents and caregivers should work together to prevent potentially disturbing emotional effects of nonparental, full-time care in early infancy. (MM)

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MENTAL HEALTH FOR BABIES: WHAT DO THEORY AND RESEARCH TEACH US?[1]

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As families seek childcare for even younger children, more and more infants and toddlers enter nonparental care. Since many early childhood specialists have been prepared predominantly to serve preschool children, there is great urgency for further understanding of the insights of theorists, clinicians, and researchers for providers who wish to extend their competencies in order to promote the mental health of infants and toddlers.

In the cognitive domain, infants and toddlers mostly function in Piaget's sensorimotor and early preoperational period. They are learning about causality (turn the handle and Jack-in-the-box pops up), the permanence and spatial arrangements of objects, and how to use a special activity (such as pulling a string) as a means toward a goal (such as making a pull toy move along). Of course caregivers need to know all about the sensorimotor accomplishments of infants who are learning such a variety of new skills - for example, adorning oneself with a pop-it-bead necklace, pretending to walk a toy dog, listening to a music box, learning spatially how to crawl around a detour, or to use two hands differentially in play - one to hold a toy and the other to make it work by winding it up.

However, more serious problems for infants lie in the domain

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of emotional/social functioning. Some caregivers provide the right toys for sensorimotor learning, but they handle infant bodies as objects and focus predominantly on housekeeping chores. They check up on wet diapers but forget the personhood of each baby. Those who care for infants need, above all, to have as their goal "Insuring good infant mental health".

The earliest research into the outcomes of high quality University-based infant care found no detrimental emotional effects (Caldwell, Wright, Honig, & Tannenbaum,1970) and some cognitive advantages particularly for disadvantaged babies. Yet some recent researchers looking at community infant care have found a disconcerting possibility that full-time infant care begun in the first year of life may be associated with increased cognitive ability but also with increased aggression and noncompliance (Belsky, 1986; Belsky & Rovine,1988; Egeland, 1991; Park & Honig,1991). Thus, it becomes particularly urgent that caregivers learn as much as possible about the emotional dimensions of infant development.

Who are the major theorists clarifying infant/toddler emotional development? Which behavioral warning signals alert and galvanize caregivers toward more specialized efforts to nourish babies' emotional well-being? What specific child-rearing practices can boost infant mental health?

Theorists Whose Ideas Help Us Understand Infant Mental Health

Erik Erikson

In their first year, infants struggle with the Eriksonian dialectical problems of acquiring more basic trust (than

mistrust) in their own goodness and in their caregivers' benevolence. During their second and third years, toddlers struggle to acquire a secure sense of autonomy and ability to exercise choice. If the sense of will is damaged through adult harshness, emotional indifference, and ridicule/shaming, the legacy for infants is disturbing. Children may feel a permanent sense of doubtfulness about their right to have their own wishes and make their own choices. They may develop a sense of shame or defiance about asserting their will and express frustration, anger, and rage at being frequently thwarted, misunderstood, and punished for budding attempts to assert themselves (Erikson, 1963).

Caregivers need to accept with patience rather than exasperation the see-sawing, often contradictory behaviors of toddlers. A toddler runs away (in defiant and delighted independence) when called to lunch or to clean up . But he clings to you and needs to cuddle if tired or frightened (Honig,1990; 1993a). Provide continuity of trust for toddlers. They struggle to assert their wills, but they still need leisurely lap times and reassurance that their tantrums or negativism don't lose them the caregiver's support and nurturance. Perceptive, caring adults bring firmness, clarity of rules, and unconditional commitment rather than rejection or anger to confrontations with toddlers. Always be alert. Be especially sure not to get carried away into returning hurt for hurt. Sometimes adults get trapped into <u>re-creating</u> negative struggles for power that may be going on in the home (Wittmer & Honig, 1990). A toddler may be acting with

increased stubbornness to family anger and disapproval that he or she does not cooperate yet with demands for more mature behaviors in toileting or neat eating. And that stubbornness when acted out in childcare can puzzle or upset the unwary caregiver.

Margaret Mahler

Mahlerian theory details stages in infant emotional growth and development in relation to modes of maternal care.Infants move from a close body relationship where their inner needs for nursing and bodily contact are paramount,through a "hatching " period, during which they begin to tune in with bright eyes, postural alertness, and genuine interest in the outside world, through a "practicing" subphase during which they count on the primary loved caregiver as a secure base from which to venture away, using newly developed locomotor skills in order to explore the environment. From about one and one-half to three years, babies' dawning new cognitive abilities permit them to think about and struggle to make sense of separation problems. Baby longs for a return to the closeness originally enjoyed with the primary caregiver. Yet, in awesome contradiction, powerful new urges impel the baby in this "rapprochement" period toward new freedom to be a special individual, with separate wishes and desires (Kaplan, 1978). During this grey, crashing down, crabby period (Honig, 1991), babies sometimes behave in ways that bewilder and exasperate caregivers. Understanding these emotional struggles of toddlerhood helps. A wise caregiver tunes into the needs of babies to support their growing autonomy while

still providing the nurturing responsivity and body-loving care that permit toddlers to develop beyond the rapprochement period into Mahlerian "constancy". The beginning of achieving constar occurs when the toddler can hold opposing emotional feelings (such as loving and yet sometimes feeling very angry at the caregiver) in dialectical balance. Constancy helps a child to support lengthy daily separations from parents who are both resented and loved. Constancy helps toddlers come to terms with strong differences between their own and adult wishes and preferences. Babies learn to integrate and accept dualities of feeling and still retain clear sense of a loving relationship.
John Bowlby and Mary Ainsworth

Attachment theory is possibly the most powerful new tool that ethological theorists have provided us with in the last decades. Bowlby proposed that in infancy, nonverbal,internal working models of early relationships with each caregiver get built up (Bretherton & Waters, 1985). These models are unconscious, yet they serve as tenacious templates for expecting other close relationships later in life to be similarly depressed or happy, kind or cruel, orderly or chaotic. Sadly, an abused toddler will often behave in inappropriate ways in childcare that can ensnare an unwary caregiver into the punitive unhappy interactions which the child has so well already internalized and construed as the model of intimate relationships!

Ethological theory suggests that in order to ensure survival, nature has equipped babies with ability to cry loud, to cling to the caregiver, to call, smile dazzlingly,lift arms to be

picked up, creep and follow after a departing adult. With these fundamental postures and vocalizations, babies enhance their chances of survival through entraining their caregiver into a more caring close relationship. Yet needs for felt security are always in balance with growing needs to explore. When the baby's special person is there emotionally for her, she can explore freely and the quality of play will be more focused and creative. When the attachment figure disappears or is rejecting, the quality of play suffers. A baby acts independent in play with peers and toys when he is feeling deeply sure that his special person is readily available to comfort and protect if fear or tiredness upsets him.

During the last half of the first year of life, infants show a particular strength of <u>differential</u> smiling, body molding, approaching, and greeting their special person- usually the parent who has provided most of the intimate bodily care and attention (Honig,1992). However, babies can and do adopt several different attachment figures. The quality of security or insecurity in the baby's relationship will depend in each case on the <u>unique</u> interactions between the baby and that adult (Honig, 1982b). That is why assigning babies to a special caregiver in childcare is important. As the infants begin to trust the familiar tender care received daily, they will begin to show differential signs of that caregiver becoming a special attachment figure. That is also why <u>stability of provider</u> and <u>continuity of care</u> are so very important. Babies should not be moved like chess pawns to "younger toddler group" or other such

groups! Babies need to feel they can make sense of and trust sameness in responsive cherishing in their childcare facility.

Assessment of security. How is security of attachment assessed? Ainsworth's Strange Situation technique has become the major measure by which infant attachment is determined at 12 and 18 months. A mother and infant enter a toy play room, and during three-minute time periods the baby is first with mother, then with a stranger, then reunited with mother, then alone, then with stranger and finally again reunited with mother. From careful analysis of the reunion behaviors of the infant when mother enters the room, four kinds of attachment patterns have been noted. Securely attached (B) babies actively seek reunion; they sink into and mold onto the body of the caregiver. Having "touched base" and relaxed deeply, these babies are then ready to leave the security of the lap to go back to interested play with toys. Their parents have been identified as promptly responsive to signals of distress, and tenderly careful in their holding. The parents of secure babies are sensitive, reciprocal partners rather than intrusive, pushy, resentful, or chaotic in their ministrations.

Babies who begin to seek comfort but then turn away in anger/irritability or struggle to get down from the caregiver's arms are identified as insecure/ambivalent/resistive (C) babies. The parent has shown insensitivity to the C baby's tempos, rhythms, and distress signals. Baby is picked up or attended to more at the parent's convenience or whim rather than when she or he expresses a need.

Two other categories of insecure attachment have been identified. Some babies do not seek out the parent on re-entry. They ignore the adult and continue to play with toys. These avoidant/insecure A babies who look as if they are "mature" in accepting separations, often turn out to be angry at home, and hostile and unfeeling with preschool peers. Ainsworth (1982) has reported that mothers of A babies dislike or are impatient with physical caressing. Other babies seem to show intense desires to go to the parent at reunion and equally intense sudden blank looks, angers, or turning away. Main, Kaplan, & Cassidy (1985) label this response "D" for dazed/disorganized/disoriented, and report that the mother of a D baby often has a history of early trauma and loss in her own life. Even at six years of age, D children responded to pictured stories of separation between parents and children in ways that reflected extreme discomfort or almost bizarre denial of upset feelings. They were unnable to think up ways to cope with separations, such as going to stay with a grandmother. Secure children, in contrast, when presented with separation pictures (such as parents leaving for a night out or for an extended trip) even thought up ingenious solutions such as hiding in the parents' car before they drove off on a two-week vacation!

Thus, attachment research has given us subtle tools for discerning from infant responses in daily innumerable small interactions (Stern, 1985) what emotional troubles may be brewing. If a baby is irritable or avoidant, the childcare worker may not find this infant as pleasurable to play with, to

croon to, or to caress. When caregivers are alert to such relationship pitfalls, they are more likely to provide healing opportunities for such infants to become attached securely to their precious person - the caregiver.

Caregivers who wish to meet the needs of under-threes for emotionally supportive care will find perceptive and helpful guidelines in clinicians' unfolding story of the stages of normal emotional/social growth.

Body Cues for Judging Infant Mental Health

Despite staff attentiveness to prevention of emotional distress, some babies still may not be thriving emotionally in nonparental care or group care. In such cases, perceptive awareness and monitoring of baby behaviors is a caregiver's first line of defense. Body cues that the infant or toddler provides to the caregiver are early indicators that mental health may be in jeopardy.

Research and clinical findings specify the following tell-tale signs that indicate emotional distress and mental health troubles in infants and toddlers:

Dull eyes without sparkle

Back arching and body stiffening as a regular response

Eye gaze avoidance

Pushing away rather than relaxed molding onto the adult

Limp, floppy, listless body (without illness)

Smiles are rare despite tender adult elicitation

Diarrhea or very hard stools, without infection present

Difficulties in sinking into deep, refreshing sleep

Compulsive rocking of body back and forth

Inconsolable crying for hours

Scattered attention rather than attention flowing freely between caregiver and baby during intimate exchanges

Disfluency in the older toddler who is already verbal

Head banging against crib persistently

Grimaces of despair

Frozen affect (apathetic look)

Reverse emotions (e.g.giggles hysterically when frightened)

Impassive or angry when a peer becomes hurt/ distressed

Lack of friendliness to loving adult overtures

Echoic verbalizations (e.g. repeats ends of adult phrases)

Wild, despairing, thrashing tantrums

Constant masturbation daily even when not tired or at nap

Fearful withdrawal/flinching when caregiver tries to caress

Regular avoidance of/indifference to parent at pick-up time

Anxious "shadowing" of caregiver without letup

Continuous biting/hitting of others with no prior aggressive provocation; strong aversion to "victim- centered discipline" explanations of caregiver

Little if any interest in peers or persons

Banging headlong into furniture or hurting self a lot, without turning to caregiver for comfort

Other children let toddler aggress strongly, in deference to his "disabled" status, but then mostly avoid him in play

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Mental Health Prescriptions

If any of the above danger signs appears consistently, then parents and caregivers must mobilize urgently for alleviation of stress and enhancement of infant coping skills (Honig, 1986). Some a family feels isolated and stressed with little energy left for baby-holding and attunement so necessary to build secure attachment. If baby does not have at least one secure attachment figure in the family, he or she will be very vulnerable to the stress of daily separation from familiar family members. In the childcare facility, watch for specific signs of vulnerability. Especially if you observe clusters of such signs, mobilize community and childcare resources and family members to support the emotionally distressed baby.

Help parents reframe. Some parents have never thought of how the threats they use in anger might make a baby feel unloved or unlovable. Aside from interaction styles and words, some employed parents need to rethink how they are spending those precious hours between pick-up time and bedtime for the baby. Offer parents specific ideas about how to provide more special attention through activities such as leisurely bath time, picture-book-reading on lap, dancing to slow music with baby closely snuggled in arms cheek-to-cheek in order to encourage infant confidence in adult caring (Honig, 1990, 1991).

Professional Resources

Professional community mental health resources, especially parent-infant specialists, can be requested to offer in-center or "kitchen therapy " counseling for parents (Fraiberg, Shapiro, &

Adelson, 1984). A staff social worker can alleviate some stresses (by finding better housing or transportation to medical clinics). A local Mental Health agency may provide weekly Home Visitors or trained Resource Mothers. The Homebuilders model provides intensive daily in-home casework efforts. Some therapeutic groups specialize in work with parents of very young children in emotional difficulties (Koplow 1992). Mobilize community network resources to support parents.

Cultural Sensitivity

When reaching out therapeutically on behalf of emotionally distressed infants and toddlers, staff will need to be sensitive to cultural issues in how families react to child disability or dysfunction. This may entail learning about considerations of shame, of cultural healing practices, or even of family hierarchical status that necessitates talking only with the oldest male, for example, rather than the mother. Lieberman (1989) adbvises that the culturally sensitive worker must know about the content of different cultural perceptions and maintain an attitude of openness to find out more about the "values and preconceptions of the other" (p. 197).

Stress Prevention: Organizational Considerations

Staffing Patterns

Caregivers can make changes in the environment and in routines to decrease risk factors that negatively impact on optimal infant development. Daycare research reveals that variables such as: "high caregiver to infant ratios, small group

size, stability of caregiving arrangements and adequate staff training" optimize child outcomes (Berger, 1990, p. 371).

Physical Health

Childcare facilities need to ensure the best possible chances for good physical health for the babies as a basic foundation for mental health. Establish clear and strong guidelines/rules, such as frequent caregiver handwashing and diaper changing.

Space and Time Arrangements

Caregivers who arrange living spaces thoughtfully to decrease stress, include quiet places that support deep and peaceful sleep times, as well as cubbies and snuggly soft pillows where a baby can creep for privacy and comfort when group care seems overwhelming. Adults carry the youngest babies in body-slings, and provide outdoor time with fresh air and safe spaces for toddlers to gallop about. Sometimes stress is reduced by decreasing overstimulation. Conversely, enriching the environment provides grist for exuberant toddlers' safe explorations.

The assigned caregiver will need to provide more one-on-one time for emotionally vulnerable babies. A caregiver's increasingly sensitive atttunement to the infant's needs and more prompt nurturant responsiveness to distress builds basic trust and reassurance. Particularly when such infants are in full-time care early in the first year, well-trained caregivers must develop personalized cherishing relationships and thus try to prevent many of the insecure attachment sequelae, such as increased aggression, which have been reported. Parent/caregiver

differences should be minimized when infant mental health is at stake. Babies need loving and will thrive if they are well "mothered" regardless of age or sex of the caregiver! The Director's role in this special effort is crucial. Some caregivers might begin to feel like possessive "rescuers" of this infant. Some may be very upset when the infant graduates from the facility. Sensitivity to staff problems is an important consideration as caregivers work hard to build secure mental health for babies at risk for emotional distress.

Caregiver Behaviors That Promote Infant Mental Health

In addition to theoretical understanding of infant/ toddler development and awareness of stress signs in babies, and in addition to logistical and environmental policies that support infant mental health, the caregiver of under-threes needs practical suggestions for enhancing personal interactions (Honig, 1989). Research findings provide good ideas 1) for positive discipline techniques (Honig & Wittmer, 1990), 2) for ways to ease the adjustment of infants into nonparental care, and 3) for ideas that help caregivers forge a partnership with stressed parents, who occasionally may feel jealous or inadequate and in some cases even resent the trained professional caregiver.

Below are some of specific personal interaction patterns culled from attachment researchers and clinicians that caregivers can use to promote infant mental health.

. Hold baby tenderly and cuddle extensively

. Express verbal joy and bodily pleasure at the baby's being

. Tempt babies with rich toy variety that permits them to find

out how to work toys at their own pace and interest

. Remember temperament styles differ: easy, slow-to warm up, or triggery/irritable babies need different adult approaches (California State Department of Education,1990)

. Sensitively interpret infant cues and signals of distress

. Provide prompt, tuned-in responsiveness to infant cues.

. Be perceptive about a toddler's see-sawing needs

. Reassure with caresses and calm words

. Offer your body and lap generously for needy babies

. Send admiring glances baby's way

. Give babies leisurely chances to explore toys as they wish and at their own tempo without intrusiveness

. Wait until a toddler shows signs of readiness before insisting on potty training or neat eating,

. Gently rub backs to soothe tired, tense, crabby babies

. Croon and sing softly ,especially in a mode to "speak for the body of the baby" in interpreting his or her needs, as in the following example:

Shoshannah wanted to go home. She could not nap easily and was disconsolate. Her caregiver patted her back soothingly and started a low chanting song to the tune of "The farmer in the dell". She sang: "You want your mama to come back. You want your mama to come back. You want your mama to come back soon. You want your mama to come back". Over and over the caregiver slowly sang the simple melody reassuringly, with firm

conviction. After about twenty repetitions, during which Shoshannah had quieted and breathed more easily on her cot, the caregiver stopped singing. The toddler stirred restlessly. "Sing more", she asked simply. So Miss Alice sang the song softly several more times until the toddler fell peacefully asleep. Next day at nap time, the toddler specifically asked her caregiver: "Sing me the 'I want my mama to come back' song". Satisfied with the simple song sung soothingly several times over, Shoshannah dozed off comfortably.(Honig, 1993b)

. Feed babies leisurely and in arms while regarding them.

. Accept infant attempts to manage self-feeding despite their messiness

. Massage babies to increase body relaxation and pleasure (Evans, 1990)

. Engage in interactive games like pat-a-cake with baby to further a sense of partnering and intimacy

. Increase shared meanings by following baby's pointing finger and commenting on objects pointed to; reach down an object that baby vocalizes for; create cognitive "scaffolding" and expand shared meaning through empathic interpretations (Emde, 1990)

. Use diapering time to enhance a sense of body goodness; caress the rounded tummy; stroke cheeks and hair; tell the baby in delighted tones how delicious and beautiful he or she is.

. Play reciprocal, turn-taking games such as rolling a ball back and forth,while seated on the ground with wide apart legs, facing each other. Sit baby facing yourself on your knees and play a rocking horse game with slower and then faster motions and rhythms (Honig & Lally, 1981)

. Make everyday experiences and routines predictable and reassuring (though not rigidly , since special outings or events need to become part of a baby's world experiences too) so that baby gets a secure sense of what to expect and in what sequence.

. Explain your actions even to very young babies. If you are leaving a room to get a supply of new diapers, tell the babies what you are doing, where you are going, and that you will be back soon. Give your babies a sense, not of the absurdity and disconnectedness of life experiences, but of the orderliness and meaningfulness of daily activities. Convince babies that they are important, precious members of the cooperative enterprise called childcare.

. Be a model of generous and genuine empathic, but not anxious comfort, when a baby is scared or upset (Honig, 1989).

. Serve as a beacon of security and safety for your babies. Let them know that you are there for them when they need to return for a hug, a pat, a cuddle or bodily reassurance

. Arrange ample floor freedom for play and peer acquaintance

. Choose the active/calm alert state as the optimal state for engaging tiny babies in cooing turn - taking and other interaction games

. Send long-distance cues to cruising babies that you are their refueling station par excellence. Your cheerful words called out, your grin of encouragement from a distance, your smile of pride, your postures of appreciation confirm for newly creeping away babies that you are PRESENT for them and affirming them

. Focus your genuine attention to send each child powerful messages of deeply acceptable selfhood (Briggs, 1970)

. Lure disengaged toddlers who wander and cannot connect with materials or peers into intimate interactions using the Magic Triangle technique of interesting baby in the activity rather than in personal interaction or confrontation (Honig,1982a).

Caregiver interest and pleasuring engagement teach babies their first lessons of learning intimacy (rather than isolation and loneliness), shared human feelings (rather than callous disregard for others). One of the chilling signs that a toddler has been abused is his or her indifference or anger, even hitting out at another toddler who is crying and acting upset. If, by 18 months, a toddler is beginning to show expressions of concern and empathic attempts to soothe a crying baby or to retrieve for that baby a fallen cracker or toy, then a caregiver knows that baby altruism is emerging positively - a good sign of infant mental

health.

The best way for a baby to learn to be a kind and caring person early in life (the critical period for this is before age two) is to have a caregiver who 1) models empathic nurturance when baby is distressed, and 2) firmly forbids a baby to hurt another person (Pines, 1979).

Conclusions

Let us work together with families toward more positive practices in order to prevent any possible disturbing emotional effects of nonparental full-time care early in infancy. Nurturant, body-generous caregivers who talk sincerely and interestedly with babies promote feelings of personal competence. Individualized attention and caresses energize babies to cope well with the world of childcare. The challenge is to provide enough supports, education, and respect for child care workers so that they can become skilled new baby-therapists of the future by their attunement with babies and sensitivities to families.

Competent and wise supervisors are invaluable assets for programs that train infant caregivers and infant/parent facilitators.Fenichel (1992) introduces this theme in a special issue of Zero to Three. Political, educational, and therapeutic efforts will all be needed to increase training efficacy to achieve the desired goal: tender, tuned in, responsive caregivers and parents who give the gifts of joy, of intimacy, of courage, and of good mental health to babies.

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